

IDAHO STATE BOARD OF SOCIAL WORK EXAMINERS
BUREAU OF OCCUPATIONAL LICENSES
1109 Main Street, Suite 220
Boise, Idaho 83702-5642
swo@ibol.idaho.gov

APPLICATION FOR SOCIAL WORK LICENSE

An application fee of \$50.00 (\$55.00 for endorsement) must accompany this application.

I hereby submit my qualifications and make application for a: (please check applicable box)

☐ Licensed Social Worker ☐ Licensed Masters Social Worker ☐ Licensed Clinical Social Worker
license to practice in the State of Idaho under the provisions of Title 54, Chapter 32, Idaho Code as amended.

1. **Full Name** (Mr., Mrs., or Ms.) _____

2. **Address of Record** _____
(The above address is public record) Street _____ City _____ State _____ Zip _____

3. **Mailing address** _____
(The above address is not public record) Street _____ City _____ State _____ Zip _____

4. **Date of Birth** ____/____/____ **Place of Birth** _____ **Social Security No.** ____/____/____
 month day year
(Proof of age must be attached. A copy of your birth certificate, passport, military ID, or valid driver's license is acceptable.)

5. **Daytime phone** _(____)_____ **Fax** _(____)_____ **E-mail** _____

6. **Attained Baccalaureate degree from** _____ on _____ with Major in _____

7. **Attained Masters degree from** _____ on _____ with Major in _____

8. **Attained Doctoral degree from** _____ on _____ with Major in _____
(Official college transcripts must be received by this office directly from the school registrar before your application will be processed. If you have not yet received the required degree, but will within the next 2 quarters, ADDENDUM 1 must be completed AND your official transcripts must be sent directly to this office from the school registrar after your official graduation date.)

9. **Are you currently or have you ever been licensed in any other state(s)?** ☐ Yes ☐ No
(If Yes, official certification of licensure must be received by this office directly from the issuing authority before your application will be processed. Enter the state(s) and your license number(s) here _____)

10. **Have you ever had a license, certification, or registration revoked, suspended or otherwise sanctioned?** ☐ Yes ☐ No
(“Sanction” includes any voluntary or involuntary action that limits, restricts, or attaches conditions to lawful professional practice. If Yes, a copy of the charges and the final order must be received before your application will be processed.)

11. **Have you ever been convicted of any felony or of any crime involving moral turpitude?** ☐ Yes ☐ No
(If Yes, a detailed statement, a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be received before your application will be processed.)

12. **Please attach the names and current addresses of three (3) persons, one (1) of which must be licensed in a health related profession, willing to provide references regarding your character, training, and experience.** (This office will send the required forms, and must receive the completed letter(s) of reference before your application will be processed. If you have not yet graduated, your references must include your faculty advisor and your field supervisor.)

_____	_____	_____
name	name	name
_____	_____	_____
position & license number	position & license number	position & license number
_____	_____	_____
current address	current address	current address
_____	_____	_____
city, state, zip	city, state, zip	city, state, zip

APPLICATION FOR SOCIAL WORK LICENSE

(continued)

AFFIDAVIT

I hereby certify that the responses provided above and those attached to this application are true and accurate to the best of my knowledge and belief. I further certify that I am of good moral character and that I have reviewed and will comply with the Idaho Laws and Rules, including the Code of Professional Conduct, governing the practice of Social Work.

I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or maintenance of the license for which I am applying. I understand that by signing this form I am authorizing the release of information about me that may otherwise be protected or confidential.

Signature of applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
my commission expires _____

ADDENDUM 1

(complete only if you answered NO to #8 & have not yet graduated)

I hereby certify that, pending compliance with all requirements of the _____,
Name of institution

the applicant named above is on schedule to graduate either at the end of the current semester or within the next two quarters ending

_____ with a degree in _____ which shall be granted on _____.
Date Date

(Official Institution seal)

Registrar signature

Print Registrar name

**APPLICATION FOR SOCIAL WORK LICENSE
ADDENDUM 2**

RELATED FIELDS

COMPLETE THIS FORM ONLY IF YOU HAVE GRADUATED OR ARE GRADUATING WITH A DEGREE FROM A FIELD OTHER THAN SOCIAL WORK.

Please list below the courses you completed which correspond to the basic areas of study in social work and check the appropriate box for either semester or quarter hours. (Type or print only)

Human Behavior in the social environment (at least 3 credit hours are required)

Year	Course Name	Course #	Credit Hours	Semester	Quarter

Social Statistics with Research Methods (at least 3 upper division credit hours are required)

Year	Course Name	Course #	Credit Hours	Semester	Quarter

Social Welfare Policy (at least 3 upper division credit hours are required)

Year	Course Name	Course #	Credit Hours	Semester	Quarter

Social Work Methods & Skills (at least 6 upper division credit hours within the last 5 years taught by an MSW are required)

Year	Course Name	Course #	Credit Hours	Semester	Quarter

Social Work Internship/Practicum (at least 9 upper division credit hours taught by an MSW are required. Practicum must have been completed within the last 5 years)

Year	Course Name	Course #	Credit Hours	Semester	Quarter

Diversity Course (at least 3 credit hours are required)

Year	Course Name	Course #	Credit Hours	Semester	Quarter

Ethics Course (at least 3 credit hours are required)

Year	Course Name	Course #	Credit Hours	Semester	Quarter

Psychological/Social Behavior (at least 6 credit hours are required)

Year	Course Name	Course #	Credit Hours	Semester	Quarter